

|                          |   |                        |                                  |
|--------------------------|---|------------------------|----------------------------------|
| SERFF Tracking Number:   | AMGN-128518464                                      | State:                 | Arkansas                         |
| Filing Company:          | American General Life Insurance Company of Delaware | State Tracking Number: | RPT-LTC 2011                     |
| Company Tracking Number: |   |                        |                                  |
| TOI:                     | LTC06 Long Term Care - Other                        | Sub-TOI:               | LTC06.000 Long Term Care - Other |
| Product Name:            | LTC Claims Denial Report                            |                        |                                  |
| Project Name/Number:     | /   |                        |                                  |

## Filing at a Glance

Company: American General Life Insurance Company of Delaware

|  |                               |                            |
|--|-------------------------------|----------------------------|
| Product Name: LTC Claims Denial Report | SERFF Tr Num: AMGN-128518464  | State: Arkansas            |
| TOI: LTC06 Long Term Care - Other      | SERFF Status: Closed-Accepted | State Tr Num: RPT-LTC 2011 |
|  | For Informational Purposes    |                            |

|   |                            |  |
|---|----------------------------|--|
| Sub-TOI: LTC06.000 Long Term Care - Other | Co Tr Num:                 | State Status: Closed-Accepted for Informational Purposes |
| Filing Type: Form                         | Author: Fontreia James     | Reviewer(s): Donna Lambert                               |
|   | Date Submitted: 06/26/2012 | Disposition Date: 06/27/2012                             |
|   |                            | Disposition Status: Accepted For Informational Purposes  |
| Implementation Date Requested:            |                            | Implementation Date:                                     |

State Filing Description:

## General Information

|                                    |                                       |
|------------------------------------|---------------------------------------|
| Project Name:                      | Status of Filing in Domicile:         |
| Project Number:                    | Date Approved in Domicile:            |
| Requested Filing Mode:             | Domicile Status Comments:             |
| Explanation for Combination/Other: | Market Type: Individual               |
| Submission Type: New Submission    | Individual Market Type:               |
| Overall Rate Impact:               | Filing Status Changed: 06/27/2012     |
|                                    | State Status Changed: 06/27/2012      |
| Deemer Date:                       | Created By: Fontreia James            |
| Submitted By: Fontreia James       | Corresponding Filing Tracking Number: |
| Filing Description:                |                                       |
| Long Term Claims Denial Report     |                                       |
| State Narrative:                   |                                       |

## Company and Contact

### Filing Contact Information

|   |                           |
|---|---------------------------|
| Fontreia James, Senior Compliance Analyst | fontreia.james@aglife.com |
| 2727-A Allen Parkway, Mail Stop 2-G7      | 713-831-8769 [Phone]      |

SERFF Tracking Number: AMGN-128518464 State: Arkansas  
 Filing Company: American General Life Insurance Company of Delaware State Tracking Number: RPT-LTC 2011  
 Company Tracking Number:  
 TOI: LTC06 Long Term Care - Other Sub-TOI: LTC06.000 Long Term Care - Other  
 Product Name: LTC Claims Denial Report  
 Project Name/Number: /

Houston, TX 77019 713-831-1050 [FAX]

### Filing Company Information

American General Life Insurance Company of Delaware CoCode: 66842 State of Domicile: Delaware  
 600 King Street Group Code: 12 Company Type:  
 Wilmington, DE 19801 Group Name: State ID Number:  
 (713) 831-3508 ext. [Phone] FEIN Number: 25-1118523  
 -----

### Filing Fees

Fee Required? No  
 Retaliatory? No  
 Fee Explanation:  
 Per Company: No

| COMPANY   | AMOUNT | DATE PROCESSED | TRANSACTION # |
|---|--------|----------------|---------------|
| American General Life Insurance Company of Delaware | \$0.00 | 06/26/2012     |               |

SERFF Tracking Number: AMGN-128518464 State: Arkansas  
Filing Company: American General Life Insurance Company of Delaware State Tracking Number: RPT-LTC 2011  
Company Tracking Number:  
TOI: LTC06 Long Term Care - Other Sub-TOI: LTC06.000 Long Term Care - Other  
Product Name: LTC Claims Denial Report  
Project Name/Number: /

## Correspondence Summary

### Dispositions

| Status                              | Created By    | Created On | Date Submitted |
|-------------------------------------|---------------|------------|----------------|
| Accepted For Informational Purposes | Donna Lambert | 06/27/2012 | 06/27/2012     |

State: *Arkansas*

State Tracking Number: RPT-LTC 2011

*Sub-TOI:* LTC06.000 Long Term Care - Other

*Project Name/Number:* \_\_\_\_\_ / \_\_\_\_\_

Comment:

PDF Pipeline for SERFF Tracking Number AMGN-128518464 Generated 06/27/2012 08:07 AM

SERFF Tracking Number: AMGN-128518464 State: Arkansas  
 Filing Company: American General Life Insurance Company of State Tracking Number: RPT-LTC 2011  
 Delaware

Company Tracking Number:

TOI: LTC06 Long Term Care - Other Sub-TOI: LTC06.000 Long Term Care - Other

Product Name: LTC Claims Denial Report

Project Name/Number: /

| Schedule            | Schedule Item                       | Schedule Item Status                   | Public Access |
|---------------------|-------------------------------------|--|---------------|
| Supporting Document | Flesch Certification                |  | No            |
| Supporting Document | Application                         |  | No            |
| Supporting Document | Health - Actuarial Justification    |  | No            |
| Supporting Document | Outline of Coverage                 |  | No            |
| Supporting Document | Long Term Care Claims Denial Report | Accepted for<br>Informational Purposes | No            |

SERFF Tracking Number: AMGN-128518464

State: Arkansas

Filing Company: American General Life Insurance Company of  
Delaware

State Tracking Number: RPT-LTC 2011

Company Tracking Number:

TOI: LTC06 Long Term Care - Other

Sub-TOI: LTC06.000 Long Term Care - Other

Product Name: LTC Claims Denial Report

Project Name/Number: /

## Supporting Document Schedules

|                          |  | Item Status:                           | Status<br>Date: |
|--------------------------|--|--|-----------------|
| <b>Bypassed - Item:</b>  | Flesch Certification                   |  |                 |
| <b>Bypass Reason:</b>    | n/a                                    |  |                 |
| <b>Comments:</b>         |  |  |                 |
|                          |  | Item Status:                           | Status<br>Date: |
| <b>Bypassed - Item:</b>  | Application                            |  |                 |
| <b>Bypass Reason:</b>    | n/a                                    |  |                 |
| <b>Comments:</b>         |  |  |                 |
|                          |  | Item Status:                           | Status<br>Date: |
| <b>Bypassed - Item:</b>  | Health - Actuarial Justification       |  |                 |
| <b>Bypass Reason:</b>    | n/a                                    |  |                 |
| <b>Comments:</b>         |  |  |                 |
|                          |  | Item Status:                           | Status<br>Date: |
| <b>Bypassed - Item:</b>  | Outline of Coverage                    |  |                 |
| <b>Bypass Reason:</b>    | n/a                                    |  |                 |
| <b>Comments:</b>         |  |  |                 |
|                          |  | Item Status:                           | Status<br>Date: |
| <b>Satisfied - Item:</b> | Long Term Care Claims Denial<br>Report | Accepted for Informational<br>Purposes | 06/27/2012      |
| <b>Comments:</b>         |  |  |                 |
| <b>Attachment:</b>       | AR.pdf                                 |  |                 |

# **Claims Denial Reporting Form Long-Term Care Insurance**

For the State of: AR  
For the Reporting Year of: 2011

Company Name: American General Life Insurance Company of Delaware Due: June 30 annually

Company Address: 2727-A Allen Pkwy, Houston, TX 77019 Company NAIC Number: 66842

Contact Person: Fontreia James Phone Number: 713-831-8796

Line of Business: ☒ Individual ☐ Group

**Instructions:** The purpose of this form is to report all long-term care claim denials under in force long-term care insurance policies. Indicate the manner of reporting by checking one of the boxes below:

☐ Per Claimant – counts each individual who makes one or a series of claim requests.  
☒ Per Transaction – counts each claim payment request.

" Denied " means a claim that is not paid for any reason other than for claims not paid for failure to meet the waiting period or because of an applicable preexisting condition. It does not include a request for payment that is in excess of the applicable contractual limits.

| Inforce Data         |  |            |                              |
|----------------------|--|------------|------------------------------|
|                      |  | State Data | Nationwide Data <sup>1</sup> |
|                      | Total Number of Inforce Policies [Certificates] as of December 31st                                  | 17         | 9149                         |
| Claims & Denial Data |  |            |                              |
|                      |  | State Data | Nationwide Data <sup>1</sup> |
| 1                    | Total Number of Long-Term Care Claims Reported   | 132        | 74985                        |
| 2                    | Total Number of Long-Term Care Claims Denied/Not Paid  | 97         | 42499                        |
| 3                    | Number of Claims Not Paid due to Preexisting Condition Exclusion                                     | 0          | 0                            |
| 4                    | Number of Claims Not Paid due to Waiting (Elimination) Period Not Met                                | 0          | 6362                         |
| 5                    | Net Number of Long-Term Care Claims Denied for Reporting Purposes (Line 2 Minus Line 3 Minus Line 4) | 97         | 36137                        |
| 6                    | Percentage of Long-Term Care Claims Denied of Those Reported (Line 5 Divided By Line 1)              | 73.48      | 48.19                        |
| 7                    | Number of Long-Term Care Claim Denied due to:  |            |                              |
| 8                    | • Long-Term Care Services Not Covered under the Policy <sup>2</sup>                                  | 67         | 13538                        |
| 9                    | • Provider/Facility Not Qualified under the Policy <sup>3</sup>                                      | 0          | 477                          |
| 10                   | • Benefit Eligibility Criteria Not Met <sup>4</sup>  | 0          | 126                          |
| 11                   | • Other  | 30         | 21996                        |

<sup>1</sup> The nationwide data may be viewed as a more representative and credible indicator where the data for claims reported and denied for your state are small in number.

<sup>2</sup> Example—home health care claim filed under a nursing home only policy.

<sup>3</sup> Example—a facility that does not meet the minimum level of care requirements or the licensing requirements as outlined in the policy.

<sup>4</sup> Examples—a benefit trigger not met, certification by a licensed health care practitioner not provided, no plan of care.